

Initial Approval: October 14, 2015

CRITERIA FOR PRIOR AUTHORIZATION

Kyprolis® (carfilzomib)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Carfilzomib (Kyprolis®)

CRITERIA FOR INITIAL APPROVAL (must meet all of the following):

- Patient must have a diagnosis of multiple myeloma
- Must be prescribed by or in consultation with an oncologist or hematologist
- Patient must be at least 18 years old

LENGTH OF APPROVAL: 1 year